FORM D

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15024 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES UG 1 1 2008 PURSUANT TO REGULATION OF REUTERS

SEC USE ONLY Prefix Serial

OMB APPROVAL

Estimated average burden hours per response.

3235-0076

April 30, 2008

OMB Number:

Expires:

DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Rights Offering of Units of Membership Interest to Current Members
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing Amendment Final
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Summit Wind, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone 08057490
12167 Aspen Avenue, Tracy, Minnesota 56175 (507) 629-3564
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) (Number and Street) (12167 Aspen Avenue, Tracy, Minnesota 56175 (Number and Street, City, State, Zip Code) (12167 Aspen Avenue, Tracy, Minnesota 56175 (S07) 629-3564 (Telephone Number (Including Aria Code) (Including Aria Code) (Including Aria Code) (Including Aria Code)
(if different from Executive Offices)
Brief Description of Business
Develop, own and operate one or more wind energy generation facilities in Southwest Minnesota AUG 05 2006
Type of Business Organization
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
business trust limited partnership, to be formed Limited liability company Washington, DO
Month Year
Actual or Estimated Date of Incorporation or Organization: [0][4] [0][4] Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [M][N]
CENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seg. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

 		A. BASIC IDENTIF	ICATION DATA		,
2. Enter the information requ	uested for the follo	owing:			
•Each promoter of the iss	suer, if the issuer h	nas been organized within	the past five years;		
 Each beneficial owner securities of the issue 		r to vote or dispose, or o	direct the vote or disposit	tion of, 10% or r	more of a class of equity
 Each executive officer a 	nd director of corp	porate issuers and of corpo	orate general and managin	g partners of parti	nership issuers; and
 Each general and manage 	ing partner of par	tnership issuers.			
Check Box(es) that Apply:	☑ Promoter	Beneficial Owner		☑ Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Dennis Fultz					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	le)		
12167 Aspen Ave., Tracy, M	N 56175				
Check Box(es) that Apply:	☑ Promoter	☑ Beneficial Owner	☐ Executive Officer	⊠ Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				1
Melone, Thomas					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	ie)		
207 N. Chestnut Street, Suite	225, Chaska, MN	N 55318			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		☑ Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Wavle, James					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	ie)		
207 N. Chestnut Street, Suite	225, Chaska, MN	N 5538			
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☑ Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Goeman, Elton					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	ie)		
PO Box 158, Jeffers, MN 56	145-0158				1
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		☐ Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Allsup, Jay		•			
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	ie)		
207 N. Chestnut Street, Suite	225, Chaska, MN	N 55318			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Governor	General and/or Managing Partner
Full Name (Last name first, i	f individual)				1
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	de)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC	IDENTIFICATION DATA		
2. Enter the information requested for the following:			
 Each promoter of the issuer, if the issuer has been org 			
 Each beneficial owner having the power to vote or securities of the issuer; 	•		
 Each executive officer and director of corporate issue 		aging partners of partn	ership issuers; and
Each general and managing partner of partnership iss		<u>.</u>	
Check Box(es) that Apply: Promoter Beneficia	I Owner	Governor	General and/or Managing Partner
Full Name (Last name first, if individual)		•	
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)		
Check Box(es) that Apply: Promoter Beneficia	al Owner	Governor [General and/or , Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)		: !
Check Box(es) that Apply: Promoter Beneficia	al Owner	Governor [General and/or Managing Partner
Full Name (Last name first, if individual) .			
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)		
Check Box(es) that Apply: Promoter Beneficia	al Owner	Governor	General and/or Managing Partner
Full Name (Last name first, if individual)			1
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)		!
Check Box(es) that Apply: Promoter Beneficia	al Owner	Governor	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)		
Check Box(es) that Apply: Promoter Beneficia	al Owner	☐ Governor ☐	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, Sta	te, Zip Code)		1

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMAT	ION ABO	OUT OFF	ERING				
											Yes	No
1. Has the	issuer sole	d, or does	the issuer	intend to	sell, to non	-accredite	d investor	s in this of	fering?		🛛	
			Ans	wer also i	n Appendi	x, Columi	2, if filin	g under U	LOE.			
2. What is	the minim	num inves	tment that	will be ac	cepted from	m any ind	ividual?			•••••	\$	100
3. Does the	a affanin a		nt armarak	in af a air	nala unit?						Yes ⊠	No
												Ь
offering	sion or sing. If a per	milar rem son to be	uneration listed is an	for solicit n associate	ation of pred person	urchasers or agent o	in connect of a broker	tion with or dealer	sales of so registered	ecurities in with the	n the SEC	
			, list the n									
			broker or		u may set	forth the	ntormatio	n for that t	proker or c	iealer only	<u>'. </u>	
Full Name NONE	(Last nam	e tirst, it i	ndividual)									
Business or	Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name of A	ssociated	Broker or	Dealer				<u> </u>		<u> </u>			
States in W	hich Perso	on Listed l	Has Solicit	ed or Inte	nds to Soli	icit Purcha	sers					
(Check "A							15015					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name					12.7	<u> </u>		[<u> </u>
	`											
Business or	Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
Name of A	ssociated l	Broker or	Dealer						,			
States in W	hich Perso	on Listed	Has Solicit	ed or Inte	nds to Soli	icit Purcha	sers					
(Check "A	All States"	or check	individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[וג]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	ndividual)									
Business or	Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)				- ·	
Name of A	ssociated 1	Broker or	Dealer									·
States in W	hich Perso	on Listed	Has Solicit	ed or Inte	nds to Soli	icit Purcha	isers					
(Check "A	All States"	or check	individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
		(Use	blank she	et, or cop	y and use	additions	d copies o	f this shee	t, as nece	ssary.)	-	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEED	5
1.	Enter the aggregate offering price of securities included in this offering and the total		
	amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box and indicate in the columns below the amounts of		
	the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate	Amount Already
	Type of Beening	Offering Price	Sold
	Debt	3	\$
	Equity		\$
	Common Preferred	·	<u> </u>
			•
	Convertible Securities (including warrants)) <u></u>	\$
	Partnership Interests	S	\$
	Other (Specify Units of LLC Membership Interest	S	\$
	Total	1,648,000	\$ 1,648,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
	Answer also in Appendix, Column 5, it thing ander Ocols.		
2.	Enter the number of accredited and non-accredited investors who have purchased		
- .	securities in this offering and the aggregate dollar amounts of their purchases. For		
	offerings under Rule 504, indicate the number of persons who have purchased securities	1	
	and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer		
	is "none" or "zero."		
	is none of zero.		Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	A The Law of	nivestors	
	Accredited Investors		\$ <u>1,575,500</u>
	Non-accredited Investors	10	\$ <u>72,500</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
	· · · · · · · · · · · · · · · · · · ·		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for		
	all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve		
	(12) months prior to the first sale of securities in this offering. Classify securities by type		
	listed in Part C – Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	N/A	\$
	Regulation A	N/A	\$
	Regulation 504		•
		<u>N/A</u>	Φ
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution		
٦.	of the securities in this offering. Exclude amounts relating solely to organization expenses		
	of the issuer. The information may be given as subject to future contingencies. If the		
	amount of an expenditure is not known, furnish an estimate and check the box to the left of		
	the estimate.		
		_	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 10,000
	Accounting Fees		\$
	<u> </u>		•
	Engineering Fees		Φ
	Sales Commissions (specify finders' fee separately)		3
	Other Expenses (identify)		\$
	Total	oxdeta	\$10,000

	C - Question 1 and total expenses furnis	ggregate offering price given in response to P shed in response to part C - Question 4.a. The to the issuer."	nis	\$_	1,647,000
5.	be used for each of the purposes shown furnish an estimate and check the box to t	I gross proceeds to the issuer used or proposed. If the amount for any purpose is not know he left of the estimate. The total of the paymenteds to the issuer set forth in response to Part Co.	vn, nts		
			Payments Officers Directors, Affiliate	s, , &	Payments To Others
	Salaries and fees			\$	
	Purchase, rental or leasing and installation	n of machinery and equipment	\$ \$		
	Acquisition of other businesses (including	and facilities	a	⊔ э.	
	offering that may be used in exchange for				
			\$	🔲 💲	
			\$ <u>550,000</u>	— ႘ၙ ၭ	1.007.000
				🖂 ».	1,097,000
					
	Column Totals		\$	🔲 💲	
	Column Totals	4\	\$		
	Total Payments Listed (column totals adde	еа)	L 3.	1,647,000	_
		D. FEDERAL SIGNATURE	L		
the f writt	ollowing signature constitutes an undertaki	ned by the undersigned duly authorized person ing by the issuer to furnish to the U.S. Secur nished by the issuer to any non-accredited in	ities and Exc	change Com	mission, upon
	er (Print or Type)	Signature ()		Date	
	* ** *	1\1 • \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Sum	mit Wind, LLC	Viennis Outs		July 3	2000
Sum Nam	* ** *	Title of Signer (Print or Type) Chairman Deanis Fultz		Joly 3	2000

END

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).